Frustrated wants and entitlements: Fundamental components of CRNA job satisfaction

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A comparative study was conducted examining CRNA feelings of deprivation or resentment as they relate to their job satisfaction. Deprivation is described in Faye Crosby's Theory of Relative Deprivation (1976), which posits that six psychological preconditions (wanting, comparison other, deserving, past expectations, future expectations, and lack of self-blame) have an impact on individual perceptions and can influence job satisfaction. Relative deprivation is defined as a sense of grievance or feeling of resentment that one has been unjustly deprived of some desired thing. It is also sometimes referred to as the discrepancy between one's legitimate expectations and one's actual situation. The three hypotheses examined compare the influence of the six Crosby preconditions of relative deprivation and the three background variables of gender, education, and individual job autonomy on CRNA-felt deprivation.

Results from three-way analysis of variance indicated that of the three background variables, only degree of autonomy was found to be significant in explaining felt deprivation. That is, irrespective of gender or educational level, CRNAs reporting higher degrees of job autonomy had lower feelings of deprivation or resentment about their jobs than did individuals reporting limited job autonomy.

Degree of autonomy, thus being the key background determinant of CRNA-felt deprivation ($F = 14.609, P < .01$).

Further analysis employing multiple regression revealed that when both the background and the Crosby psychological variables were examined together, the explained variance in deprivation was dramatically increased by the psychological variables far in excess of the background variables. The two psychological variables of wanting and deserving were found as most significant in explaining CRNA felt deprivation. Results indicate the importance of CRNA frustrated wants (wanting) and CRNA perceived entitlements (deserving) as key factors contributing to CRNA job satisfaction above and beyond the three background variables studied.

Key words: Deprivation, grievance, job satisfaction.

Introduction

Many federal and state healthcare reform initiatives centered on high quality cost-effective care for all Americans have propagated the managed care approach to healthcare delivery. These industrywide shifts away from traditional fee for service healthcare delivery are having an impact on all providers including Certified Registered Nurse Anesthetists (CRNAs). Two areas of greatest
concern to CRNAs are the reduction in surgical procedures nationwide and shifting practice/employment arrangements.

The incentives created under capitation budgeting are having the net effect of decreasing the number of surgical procedures being performed. Indeed, both physician and nurse anesthesia providers are currently reevaluating projected societal needs against existing and anticipated manpower. The anesthesia personnel shortages of the 1980s may have overnight become the provider surplus of the 1990s. Additionally, the CRNA practice environment with its shifting practice arrangements has become a focus of interest for CRNAs, educators, and policymakers alike.

The nursing shortage issue of the 1980s extended well beyond the generic nursing workforce into advanced practice nursing to include CRNAs. This phenomena, however, was compounded by a more basic issue, the discontent of a large part of the nursing workforce. Bullough and Bullough have summarized many of the variables that contributed to the crisis shortage in nursing. These variables included poor salary, lack of autonomy, increases in technology, acuity of patient illnesses, more demand for social/psychological patient support, and the increased numbers of occupational opportunities for women. These authors intimated that these variables contributed to nurse discontent and feelings of frustrated entitlement. Similarly, answers to questions seeking knowledge about the nature of CRNA satisfactions and dissatisfactions are critical in predicting contentment within the changing practice arrangements of today's anesthesia environment.

The purpose of this study was to examine feelings of deprivation among Certified Registered Nurse Anesthetists related to job satisfaction. The descriptive objective of this study was to examine how different groups of CRNAs compared with one another in terms of both demographic variables (gender, education, and job autonomy) and six psychological variables identified by Faye Crosby's Theory of Relative Deprivation. The six psychological variables measured CRNA attitudes and feelings related to job satisfaction. The theoretical aim of this study was to validate relative deprivation theory in this sample as a predictor of job related grievance and to examine what preconditions most influenced feelings of deprivation among CRNAs.

**Theoretical framework and review of literature**

In October 1989, the president of the American Association of Nurse Anesthetists, Richard G. Ouellette, CRNA, MEd, formed a national Commission on Nurse Anesthesia Education to investigate the CRNA shortage problem and make recommendations for a solution. The commission issued its findings in August 1990. In summary, it found that there was a shortage of nurse anesthetists and a limited ability to increase productivity from educational programs. It found a shortage of qualified CRNA faculty members to support the expansion of current and new programs, as well as a lack of sufficient numbers of CRNAs seeking to become faculty members. There were also cases of physician imposed program size limitations where clinical access was needed. The commission did not address the issue of CRNA retention or career satisfaction as influencing the available manpower.

Neither the influence of the practice environment nor the factors that have an impact on CRNA career satisfaction have been well studied. In 1981, Thompson studied the relative importance of six specific components of job satisfaction among nurse anesthetists in southwestern Pennsylvania. She concluded that CRNAs were generally satisfied with their jobs and found satisfaction to increase with the number of years in the profession. Interestingly, she found that CRNAs employed by physician anesthesiologist groups were less satisfied than those otherwise employed.

Unpublished studies completed by two U.S. Air Force (USAF) nurse anesthetist graduate students looked at CRNA job satisfaction in relation to the decision of both active duty USAF CRNAs, or former USAF CRNAs, to remain on active duty or to seek separation from the Air Force prior to retirement eligibility. Using some aspects of social reference group theory, Martino attempted to identify the major issues associated with the decisions of active duty CRNAs in the Air Force to separate from the military prior to retirement. For the 58 respondents, most (48) cited low pay as the reason for leaving the Air Force. Lack of clinical privileges to give regional anesthesia was also found to be significant as a factor leading to feelings of dissatisfaction.

In a similar unpublished study, Chaney studied the relationship between job satisfaction, organizational commitment, and the intent to stay in the service among Air Force CRNAs. Utilizing a modified version of Stamps and Piedmonte's index for nurse satisfaction, Chaney found the four most important job satisfaction components among CRNAs to be autonomy, promotional opportunities, pay, and professional status.

Relative deprivation theory has been used by sociologists, psychologists, political scientists, and economists to account for patterns of satisfaction and dissatisfaction in a wide variety of areas. These include job satisfaction, social and economic ine-
qualities in England, race relations, and social protest and revolution. Relative deprivation is defined as a sense of grievance or feeling of resentment that one has been unjustly deprived of some desired thing. This definition has acquired many meanings over the years. Often Aberle's 1962 definition of relative deprivation is quoted in the literature as "a negative discrepancy between legitimate expectations and actuality." In general, the theory states that feelings of deprivation are indeed relative and not absolute. Specific versions of the theory make explicit statements about the preconditions and consequences of felt deprivation.

The model of relative deprivation developed by Crosby is built upon the work of earlier scholars in the field. Her work was intended to integrate the various theories of relative deprivation into one system. According to the 1976 model, deprivation is experienced when six preconditions are met. To feel deprived of some object or opportunity (X): people who lack X must want X, see another has X, feel entitled to (deserving of) X, think it was feasible to attain X in the past, think X will not be attainable in the future, and not blame themselves (disclaim personal responsibility) for failing to have X now. Hence, the Crosby variables were labeled as: wanting, comparison other, deserving, past expectations, future expectations, and (no) self-blame. In 1982, Crosby revised this model to include only two of these preconditions: wanting and deserving. In essence, a person will feel deprived when they feel there is a discrepancy between their actual and desired outcomes and when they feel discrepancy between their actual outcomes and the outcomes they feel they deserve.

Research questions.

The research questions asked in this study were:
1. Do the demographic background characteristics of gender, degree of autonomy, and level of education, and the psychological factors of wanting, comparison other, deserving, past expectations, future expectations, and lack of self-blame act as predictors of felt deprivation in this CRNA population?
2. Which factors, background or psychological, better explain the range of CRNA feelings of deprivation?
3. What psychological preconditions most influence feelings of deprivation in this population?

Methodology

A comparative study was conducted to answer the research questions and test the study hypotheses. This study was approved by the Human Subjects Review Committee at the State University of New York at Buffalo. Data were gathered by questionnaires mailed to all 658 active, practicing Certified Registered Nurse Anesthetists in New York state. The study had a 41.3% response rate (272).

The questionnaire was composed of two parts. Section I contained 18 questions to gather demographic background information about the respondents. Section II was composed of 36 questions formulated by Crosby and used with her permission to assess the psychological variables of deprivation, job satisfaction, and the six hypothesized preconditions of deprivation: wanting, comparison other, deserving, past expectations, future expectations, and lack of self-blame. The total questionnaire included 54 questions. The survey was piloted, and measures were found to demonstrate both convergent and divergent validity. Cronbach's alpha method was utilized to assess the reliability and internal consistency of all of the instrument's subparts to assure that the same attribute was being measured. An alpha score of .78 out of 1.0 was found when examining the Crosby scale on the dependent variable of felt deprivation.

Research hypotheses

Hypothesis #1: Gender, degree of autonomy, and level of education are related to feelings of deprivation in this population.
1.1 There is a gender difference in CRNA-felt deprivation scores.
1.2 There is a difference in CRNA-felt deprivation scores among differing degrees of autonomy.
1.3 There is a difference in CRNA-felt deprivation scores among different CRNA education levels.

Hypothesis #2: Psychological factors of wanting, comparison with others, deserving, past expectations, future expectations, and lack of self-blame are related to felt deprivation.

Hypothesis #3: Relative deprivation is dependent upon the psychological factors of wanting, comparisons with other, deserving, past expectations, future expectations, and a lack of self-blame where the psychological factors have more influence on deprivation than the demographic background factors of gender, degree of autonomy, and level of education.

Findings

Table I presents characteristics of the sample to include age, gender, educational level, primary employer, and salary. The mean age of CRNAs was 43.1 years with a standard deviation of 8.3. Approximately 40% (108) were male, and 71% (192)
were married. The predominant highest educational level achieved by respondents was an RN diploma (25.4%), followed closely by a BS in Nursing, a baccalaureate (non-Nursing), and an MS in Nursing. The majority of the sample indicated they had received certificate preparation (72.1%) to become a CRNA. The years of experience subjects had practiced ranged from 1 to 40 with a mean of 13.9 years and a standard deviation of 8.9.

Approximately half of the CRNAs, 43.9% (119), work for hospitals and anesthesiologist groups, with the remainder citing themselves as self-employed or other. Additionally, the majority of respondents (86%) indicated their primary place of employment was a hospital. The mode gross before taxes annual salary was $60,001-$70,000 (34.8%) with a range of $30,000 to more than $100,000 for full-time (greater than 21 hours per week) employed CRNAs (Table I).

In examining overall degree of autonomy, the majority of respondents 70.1% (190) indicated a high degree of autonomy in their jobs.

Questions relating to job gratifications and deprivations were divided into categories of pay and benefits, number of hours, chances to advance, challenge, respect and prestige, security, and overall working conditions. Regarding feelings of grievance, pay and benefits had the highest percentage of respondents indicating “frequently to always” (35.7%), while job security had the greatest number of individuals answering “seldom or never” (51.1%). With respect to job satisfaction overall, nearly 60% of all CRNAs were “somewhat to very satisfied” in all of the categories with the exception of chances for advancement which was lower (30.5%). Finally, when asked about overall job satisfaction, 75.7% (206) of the respondents answered “somewhat to very satisfied” 9.2% (25) stated “neither satisfied or dissatisfied,” and 15.1% (41) answered “somewhat to very dissatisfied.”

The psychological variables of wanting, comparison other, deserving, past expectations, future expectations, no self-blame and deprivation were calculated from scales derived and employed by Crosby. In this study, deprivation had an overall mean score of 8.8, with a range from 1 to 30, and standard deviation of 3.8. A high deprivation score indicates stronger felt resentment. Scores and interpretations of the psychological variables are displayed in Tables II and III.

### Table I

<table>
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<tr>
<th>Characteristic</th>
<th>Response</th>
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<td>29</td>
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<td></td>
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<td>Over $100,000</td>
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*Number not equal to 272 (*=271)
**Number equal to 244 includes full-time respondents only. Data regarding overtime or second jobs unavailable.

In testing the first hypothesis, three background variables (gender, degree of autonomy, and level of education) were analyzed by a three-way analysis of variance, a statistical test used to determine whether there is a difference between the mean scores in more than two different groups on
the dependent variable. In this case, the mean, score of the gender group, the autonomy group and the level of education group, were tested on the dependent variable, the deprivation score. This analysis revealed that only the degree of autonomy contributed significantly to the felt deprivation score (F = 14.61, P<.01). Educational level and gender did not make a difference in deprivation scores. The higher the reported degree of autonomy, the lower the reported deprivation score regardless of gender or education (Figure 1).

The second hypothesis stating that the six psychological variables (wanting, comparison other, deserving, past expectations, future expectations, and no self-blame) are preconditions to feelings of deprivation in this population was analyzed by multiple regression. Multiple regression is a statistical test which measures how well variables are correlated with one another. It provides information regarding direction (either positive or negative) and magnitude of the relationship between variables. Correlation coefficients are represented by numbers that range from −1 to +1. A correlation of 0 indicates no linear relationship, while a correlation of −1 or +1 indicates either a perfect negative or positive relationship. The analysis showed that almost half (48.6%) of the variance in deprivation scores could be explained by the six psychological preconditions ($R^2 = .4869$, $F = 41.9$). Two variables stood out as contributing the most to the felt deprivation score of wanting (45%) and deserving (3%).

The third hypothesis stating that relative deprivation is dependent upon the six psychological

| Table III |
|---|---|---|---|---|---|---|
| Psychological variable scores by gender, autonomy, and education |
| Gender | Autonomy | Education |
| Overall variables | Male | Female | High | Medium | Low | Certificate | BS | MS |
| Deprivation | | | | | | | |
| $\bar{x}$ | 8.78 | 8.19 | 9.16 | 8.08 | 9.90 | 12.4 | 8.81 | 7.45 | 9.06 |
| SD | 3.80 | 3.40 | 4.00 | 3.40 | 4.00 | 4.10 | 3.90 | 3.00 | 3.50 |
| n | 266 | 106 | 160 | 186 | 61 | 18 | 191 | 21 | 51 |
| Wanting | | | | | | | |
| $\bar{x}$ | 9.20 | 9.03 | 9.32 | 8.41 | 10.63 | 12.45 | 9.28 | 8.71 | 9.13 |
| SD | 3.50 | 3.60 | 3.50 | 3.10 | 3.70 | 3.60 | 3.70 | 3.90 | 2.80 |
| n | 268 | 107 | 161 | 187 | 60 | 20 | 192 | 21 | 51 |
| Comparison other | | | | | | | |
| $\bar{x}$ | 10.20 | 10.20 | 10.30 | 10.20 | 10.50 | 10.60 | 10.30 | 10.70 | 10.10 |
| SD | 2.00 | 2.00 | 2.90 | 2.00 | 1.80 | 2.00 | 2.00 | 1.60 | 1.90 |
| n | 255 | 91 | 134 | 152 | 54 | 19 | 158 | 18 | 46 |
| Deserving | | | | | | | |
| $\bar{x}$ | 7.96 | 7.75 | 8.09 | 7.68 | 8.49 | 8.90 | 7.90 | 7.94 | 8.09 |
| SD | 2.00 | 2.10 | 1.90 | 1.90 | 2.10 | 1.80 | 2.00 | 2.30 | 1.70 |
| n | 225 | 103 | 161 | 182 | 61 | 20 | 188 | 21 | 52 |
| Past expectations | | | | | | | |
| $\bar{x}$ | 5.70 | 543 | 5.87 | 5.39 | 6.25 | 6.91 | 5.69 | 5.28 | 5.86 |
| SD | 1.60 | 1.50 | 1.50 | 1.50 | 1.40 | 1.50 | 1.60 | 1.90 | 1.10 |
| n | 266 | 105 | 161 | 186 | 61 | 19 | 191 | 21 | 51 |
| Future expectations | | | | | | | |
| $\bar{x}$ | 6.58 | 6.44 | 6.67 | 6.40 | 6.94 | 7.16 | 6.58 | 6.40 | 6.69 |
| SD | 1.60 | 1.60 | 1.70 | 1.70 | 1.70 | 1.10 | 1.60 | 1.90 | 1.50 |
| n | 267 | 103 | 163 | 186 | 60 | 20 | 193 | 20 | 51 |
| (No) Self-blame | | | | | | | |
| $\bar{x}$ | 3.23 | 3.17 | 3.27 | 3.25 | 3.18 | 3.25 | 3.24 | 3.38 | 3.15 |
| SD | 0.64 | 0.52 | 0.70 | 0.64 | 0.57 | 0.79 | 0.64 | 0.67 | 0.61 |
| n | 259 | 101 | 158 | 179 | 59 | 20 | 183 | 21 | 52 |

Note: Overall n’s do not equal 272 due to missing data.
$\bar{x}$ – Mean
BS – Bachelor of Science
MS – Master of Science
n – Number
SD – Standard deviation
Factors (wanting, comparison other, deserving, past expectations, future expectations, and no self-blame) where psychological factors have more influence on deprivation than demographic background factors (gender, degree of autonomy, and level of education) was analyzed using a two step multiple regression. Initially, the three demographic background variables were entered into the regression equation. In the second step, the six psychological factors were entered into the equation. Together, the three background variables contributed about 11% toward the dependent variable ($R^2 = .1124, F = 6.74$), where degree of autonomy explained about 9% of the variance.

After the six psychological preconditions were entered into the equation, total variance in deprivation scores explained by the independent variables increased to more than 50% ($R^2 = .5021, F = 23.83$). When controlling for the influence of the six psychological variables, none of the background variables were found to be significant contributors to felt deprivation. Indeed, only two of the psychological variables, “wanting” and “deserving,” were found to be significant contributors at $P < .05$.

A final regression analysis was conducted employing “wanting” and “deserving” on the criterion variable, deprivation. This simplified model explained more than 40% of the variability of perceived deprivation ($R^2 = .4798, F = 124.077$).

Discussion

Several conclusions follow from these analyses. First, it is supported by data that feelings of deprivation depend on cognitive and emotional factors and not simply on objective background factors in this group. Psychological factors better predict felt deprivation in the regression analysis than do the background factors. When contrasting people who claim a great deal of resentment about their jobs with those who claim little, the groups vary in terms of the hypothesized preconditions of deprivation. In essence, the felt deprivations are relative and not absolute.

Next, it is concluded that Crosby’s model is not entirely valid. The 1976 model states explicitly that resentment is felt when all the preconditions are met. Two preconditions, wanting and deserving, were found to be most significant in this study, while the no self-blame variable was found to be very unreliable. Yet, these findings do concur with Crosby’s 1982 revised model. Crosby’s revised model of relative deprivation was constructed on the premise that, indeed, some factors were more important than others in explaining deprivation. The 1982 work found that the psychological variables of wanting and deserving best explained felt deprivation in her sample. Reducing her preconditions from six to two, Crosby states that to feel aggrieved about a situation, people must feel that there is a discrepancy between what they have and what they want and a discrepancy between what they have and what they feel they deserve.

This study supports the revised Crosby 1982 model, in that the preconditions of wanting and deserving contributed most to the variance in felt deprivation scores. In sum, people tend to feel deprived when wants go unfulfilled and entitlements appear violated. Comparisons made between ourselves and others may help to identify what is preferable and deserved, yet the model yields no direct link between comparisons to those better off, as an essential precondition to feelings of deprivation. This revised theory adds credence to Bullough and Bullough’s description of “frustrated entitlement” as fundamental to nursing discontent.

This study also confirms the findings of other researchers examining nursing and nurse anesthetist job satisfaction. Thompson, Brown, Martino, Chaney, and Stamps and Piedmonte, all suggest that autonomy, pay, and professional respect are among the most important variables contributing to nursing discontent. In addition, this work has attempted to gain insight into the psychological variables which contribute to one’s interpretations in job situations.

Regarding practice arrangements, the majority of anesthesia services in the United States are delivered through an anesthesia care team approach with an anesthesiologist directing or consulting with a CRNA. Individual provider preferences and manpower supply considerations appear
to be the primary reasons behind anesthesiologists' decisions to practice in this team approach. In 1991, the American Association of Nurse Anesthetists reported that while the vast majority of CRNAs practice in a team arrangement (near 70%), only about 34% were directly employed by physicians. Since then, there has been an increase in the trend for anesthesiologists to medically direct CRNAs.

Policymakers, educators, and individual practitioners need to be aware of the advantages and limitations to specific employment arrangements. Financial motivations alone may falsely overshadow the other dynamics of gratification and grievance as they affect quality care and access to services. Finally, can individual CRNA-felt deprivations lead to widespread CRNA group deprivations, and what impact might this have on society and the profession?

Recommendations

With the exception of Thompson who noted CRNAs were less satisfied when employed by anesthesiologists than other arrangements, no studies examine in depth the factors contributing to job satisfaction of CRNAs in team versus nonteam settings and in physician versus nonphysician employment relationships. Whether individual CRNA wants and entitlements differ in these employment arrangements could be of great significance to CRNA contentment and retention in the care team environment. More study of these team relationships with emphasis on the psychosocial dynamics as they affect gratification and grievance of the anesthesia providers is in order. In addition, there may indeed be a link between quality of care and felt grievance. Does grievance lead to lack of vigilance and ultimately mishap? Perhaps a qualitative study of individual critical incidents might prove useful in this area.

This study generates far more questions than it answers. What will these observations foretell for the future? Will CRNAs become more or less aggrieved in the future with the onset of more managed care practice arrangements? What role do differing anesthesia employment arrangements play in CRNA wants and entitlements? How much resentment translates into resignation and occupational change? Are degree of job dissatisfaction and quality of care related?

These questions and many others seem reasonable to ask in light of the findings to date. Relative deprivation theory and its evolution is a useful tool in seeking these answers. Finer and more concise instruments need to be developed and tested as contentment in the practice environment will influence the health of the profession.

REFERENCES


AUTHORS

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